

**HIV/STD Clinical Resources Division
Contractor Risk Assessment Tool**

DATE: ____/____/____

AGENCY: _____

MOST RECENT REVIEW DATE: ____/____/____

REVIEWER: _____

The information for the risk assessment tool can be obtained through site monitoring visits, technical assistance visits and other information provided to TDH.

Historical		True	False	N/A
1.	The most recent site visit to monitor quality occurred in compliance with the most recent risk assessment findings.			
*2.	Grantee has previously been monitored by CRD for this or other grants. (existing service contractor).			
3.	Corrective plan was not recommended following the most recent visit			
*4.	The follow-up report on the corrective action plan required at the prior visit was submitted by the agency as required.			
*5.	An appropriate corrective action plan to correct each problem was submitted as required, the action plan was considered satisfactory, and/or the required corrective action(s) were taken.			
6.	The agency has not had a valid complaint in the past year related to case management and/or clinical services.			
*7.	There has not been a validated complaint(s) about the agency regarding an immediate and/or serious threat to a client(s) within the past 6 months.			
*8.	The agency was not sanctioned by the Bureau within the past year.			
Standards				
Administrative Fees and Eligibility		True	False	N/A
*1.	The agency provides services regardless of ability to pay.			
2.	The agency has a process to conduct income screening for appropriate service referral/reimbursement. (e.g., Medicaid, private insurance, etc.).			
Personnel		True	False	N/A
1.	The agency has had the same key administrative personnel for the past year.			
2.	The agency has had consistent staffing for clinical and/or case management services for the past year.			
3.	The agency employs personnel appropriate for the case management and/or clinical services delivered.			
*4.	The agency has not had an identified problem with the skill level and/or necessary qualifications of staff since the previous site review.			
*5.	The agency has appropriate supervision of clinical and/or case management staff.			
Reporting		True	False	N/A
1.	Reports do not indicate a significant reduction in the number of clients served.			
2.	Reports do not indicate a significant increase in the number of clients served.			
3.	The agency meets EIP reporting requirements.			
Service Delivery		True	False	N/A
1.	The agency has not added service delivery sites or expanded clinical, case management or other significant services since the last monitoring visit.			
2.	The agency has not closed service delivery sites or has not had a decrease in clinical, case management or other significant services since the last monitoring visit.			
3.	The agency has not had a change in location of service delivery sites.			
4.	The waiting time for clients to access routine services is not greater than 2 weeks.			
5.	There is an adequate system for referring clients for acute care and/or emergency services.			
6.	Staffing levels are appropriate to the agency's caseload.			

Clinical		True	False	N/A
Standards for Client Services				
*1.	The agency meets the minimum standards for clinical services provided to clients.			
*2.	The agency has not had three or more repeat findings from the previous review, or has not had a repeat finding on any one minimum standard from the previous visit.			
Health Records		True	False	N/A
1.	Documentation of services by agency staff meets minimum standards for medical record system evaluation.			
2.	The management of health records (i.e., security, organization, access to records) by the agency is appropriate.			
Case Management And Outreach		True	False	N/A
1.	The agency coordinates client services with other local agencies.			
*2.	The agency meets minimum standards for case management provided to clients.			
Quality Assurance		True	False	N/A
*1.	The agency assures a resource for HIV related primary health care is provided for all clients in the health service delivery area.			
*2.	If the agency provides clinic-based services, all protocols and/or standing delegation orders are signed by the appropriate oversight person(s).			
3.	A consumer/customer satisfaction survey is conducted and results of the survey are used to improve client care and/or services.			
Comments				

TOTALS:

False**= _____ Any agency that has one “False**” will receive a Priority I rating.

False= _____ Any agency that has “**False**” on 20% or more of the total applicable criteria will receive a Priority II rating.

Any agency that has “**False**” on less than 20% of the total applicable criteria will receive a Priority III rating.

Results of HIV/STD Clinical Resources Division Risk Assessment:

Priority I: _____

Priority II: _____

Priority III: _____

Revised: April 4, 2001

Original: May 2, 1997